

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 12 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000097721

1. Corporation Name

Anna of Miami Inc

Principal Place of Business

Mailing Address

407 Lincoln Rd #5B
Miami Beach FL 33139

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

764 Washington Ave

4. Date Incorporated or Qualified
To Do Business in Florida

12-03-1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Miami Beach FL

65-0725131

Not Applicable

Zip

Country

Zip

33139

Country

Dade

CERTIFICATE OF STATUS DESIRED ☐

\$9.00 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
1ST	Ripa Boraventura	764 Washington Ave Miami Beach FL 33139	
P	OSCAR Fonseca	764 Washington Ave Miami Beach FL 33139	

800003521378
-01/03/01--01025--010
150.00 SP 150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

George Brito
407 Lincoln Rd #5B
Miami Beach FL 33139

Name
Ripa Boraventura
Street Address (P.O. Box Number is Not Acceptable)
764 Washington Ave
Suite, Apt. #, Etc.
City
Miami Beach
State
FL
Zip Code
33139

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date 11-14-2000

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-2000 305-534-9292

Date Daytime Phone #

Brito & Brito Accounting

407 Lincoln Road, Suite 5-6

Miami Beach, FL 33139

Corporate Accounting and Business Development

Tel: (305) 534-9292 / Fax: (305) 534-7534

Division of Corporation
Department of State

November 14, 2000

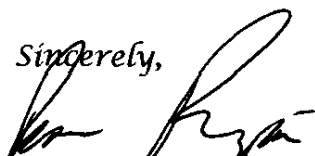
Ref.: Anna of Miami, Inc.
Abatement of Penalties

Dear Sir or Madam:

Please abate the above penalties for my corporation since I have never received this notice.

Please find enclosed check in the amount of \$150.00 to reinstate my corporation.

Sincerely,


Bonaventura Ripa
Owner